

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<del>FEE DETERMINATION</del>	<i>J.B.</i>	<i>20200</i>	<i>3-28-00</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>4/1/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>KD</i>	<i>6892</i>	<i>5/27/00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 1/23/00
2	✓ 1/11/00
3	✓ 1/11/00
4	✓ 1/11/00
5	✓ 1/11/00
6	✓ 1/11/00
7	✓ 1/11/00
8	✓ 1/11/00
9	✓ 1/11/00
10	✓ 1/11/00
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If more than 150 claims or 10 actions  
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